



Illinois Office of the State Fire Marshal
Division of Elevator Safety
James R. Thompson Center
100 West Randolph Street, Suite 4-600
Chicago, IL 60601
Phone: 312-814-3435



APPLICATION FOR CERTIFICATE OF OPERATION-ANNUAL

This *application* form is strictly for the certificate of operation for each elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as "conveyance") at your location. The **Owner** must complete this *application* for new and existing conveyance(s). The state will issue a Certificate of Operation **only** for conveyance(s) located in a municipality that has **not** signed an Elevator Safety Program Agreement with the state. Please check with your municipality before submitting this application.

All *application* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 West Randolph Street, Suite 4-600, Chicago, Illinois 60601 via US mail. **Fax copies will no longer be accepted.** The Office will **INVOICE** you for the initial certification fee of \$100.00 or the annual renewal fee of \$75.00. Any application for renewal of Certificate of Operation that has expired will be subject to an additional Late Fee of \$50.00. **(PLEASE DO NOT SEND MONEY WITH THIS APPLICATION).** **A copy of a final inspection report indicating the conveyance has PASSED inspection must also be submitted with each application.** The Elevator Safety Division will process the *application(s)* in the order that they are received, and shall issue a certificate of operation for each conveyance upon payment of the invoice. This certificate must be displayed in the conveyance and must be renewed on a triennial basis based on a triennial conveyance inspection.

NOTE: Your conveyance MUST be registered with the State of Illinois prior to requesting a Certificate of Operation.

THIS SECTION FOR OFFICIAL USE ONLY

Illinois Certificate of Operation

Date Entered

1. Building Location :

Name of Building:	County:
Building Address (include City/State/Zip Code):	
Nature of Business:	
Conveyance Registration No.:	

2. Building Owner:

Name of Building Owner:	
Owner's Address (include City/State/Zip Code):	
Phone No. of Owner:	Fax No. of Owner:
Email Address:	FEIN or SS# of Owner:

3. Billing Information (If different than Owner Information):

Name on Invoice:	Telephone Number:
Address (include City/State/Zip Code):	
Email Address (an electronic copy of the invoice will be sent to this address and you will be able to pay online):	

4. Signature (Contact Person for this conveyance – All mail will be sent to this person with the exception of invoices):

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge.	
Signature _____	Date: _____
Print Name (and Title) _____	
Name of Company _____	
Address _____	
Contact Phone Number _____	Contact Fax Number _____
Contact Email: _____	

Revised 10/1/2012